PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09760307

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	100
TOTAL CLAIMS							Г	RATE	FEE	Ŭ	RATE	FEE (
FO	R	*	NUMBER FILED		NUMBER EXTRA		Ε	BASIC FEE	355.00	OR	BASIC FEE	710.00
₹Ю	TAL CHARGEA	BLE CLAIMS	minus 20=		. 91			X\$ 9=		OR	X\$18=	16383
IND	EPENDENT CL	AIMS	15 minus 3 =		12			X40=		OR	X80=	9600=
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		·			+135=		OR	+270=	T00
* If the difference in column 1 is less than zero, e					r "0" in c	column 2	L	TOTAL		OR	TOTAL	3308
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL I	THAŅ
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 127	Minus	**	<u> </u>	= 16		X\$ 9=		OR	X\$18=	288.85
	Independent	. 15	Minus	***	15	= Ø		X40=	,	OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
							L ^	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	288.28
3 .		(Column 1)			mn 2)	(Column 3)	4,1	DD11.1 LE			**	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	· · · • · · · · · · · · · · · · · · · ·
	Independent	* NTATION OF M	Minus	***	T CL AIM	= [7		X40=		OR	X80=	1
	TINOTTRECE	INTATION OF MI		LINDEIN	COLATIVI		' [+135=		OR	+270=	ž.
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	·
		(Column 1)	The section of the se		mn 2)	(Column 3)						
AMENDMENT C	100 0 100 00 00 00 00 00 00 00 00 00 00	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	-
	Independent	*	Minus	***		=		X40=			X80=	"
Ľ	FIRST PRESE	ULTIPLE DEF	EPENDENT CLAIM			J ├	+135=		OR			
١.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		nber Previously Pa					er four	d in the app	ropriate box	c in col	lumn 1.	